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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N41625

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL WASSERSTEIN Name of Contact Person WASSERSTEIN, P.A. Firm/Company 301 YAMATO ROAD, SUITE 2199 Address BOCA RATON, FL 33431 City/State and Zip Code

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

Name of Contact Person

at (561) 288-3999 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC
2. The principal office address: c/o FIRST SERVICE RESIDENTIAL,
6300 PARK OF COMMERCE BLVD., BOCA RATON, FL 33487
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1/11/1991 Document number: N41625
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
SACHS, SAX & CAPLAN
6111 BROKEN SOUND PARKWAY NW, SUITE 200
BOCA RATON, FL 33487
5. The name and street address of the new registered agent (if changed) and /or registered office by the second street (if changed): WASSERSTEIN, P.A.
WASSERSTEIN, P.A.
301 YAMATO ROAD, SUITE 2199
PO. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.

of an officer or director Signatur I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirming the corporation has been notified in writing of this change. 6/11/2019 fure of Registered Agent Date If signing on behalf of an entity: DANIEL WASSERSTEIN Typed or Printed Name

ica or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)